

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO. 10827515 FILING DATE 04/19/04  
APPLICANT(S) \_\_\_\_\_

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2						
3						
4						
5						
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8						
9						
10						
11						
12						
13						
14	1					
15	1					
16	1					
17		3				
18		3				
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50						
TOTAL IND.	4					
TOTAL DEP.	33					
TOTAL CLAIMS	37					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						